FLYER CLINICAL TI ING REQUIREMENTS

TESTING REQUIREMENT												AGE											
REQUIREMENT	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
AF form 895/RCHRA	X	X	X	X	X	X	X	X	X	X	X	X	Х	X	X	Х	X	X	X	X	Х	Х	X
Immunizations	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Blood Pressure	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Height and Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Х	X	X	X	X	X	X	X
Near and Distant Visual Acuity	X	X	X	X	Х	X	Х	Х	Х	Х	Х	Х	Х	X	Х	Х	Х	X	Х	Х	Х	Х	X
Distant Stereopsis	X	X	X	X	X	X	X	X	X	X	X	Х	Х	X	X	X	X	X	X	X	X	X	X
		1														enter januar en la	X		e anno anno anno anno anno anno anno ann	100 / 100 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	17	trockerson	X
		X			X			X			X			X			X			X			X
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X.	X	X	X
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
													X	X	X	X	X	X	X	X	X	X	X
Skin Exam for								X						X				2.00		X			X
Cancer/Surgical Scars							9 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				part of light has	X				auder townings	areas areas for					e Sweeze in	
Breast Exam		X			X			X			X			X	Control States	and the second second	X		proper suit	X			X
PAP*		X			X			X			X			X		garlinda al mora de la constante de la constan	X	and the second	elizaren 4	X			X
Mammogram									7	1	Printed to the self-							X.	Service Constitution	Marie Commence	1		X
HIV		X			X			X			X		- L	X		er consequence	X	N. Commission		X	o construe o so		X
Gas Mask Inserts'	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PHAM Visit®	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

attachment

FLYER CLINICAL TESTING REQUIREMENTS

TESTING REQUIREMENT													AGE												
REQUIREMENT	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65
AF form 895/RCHRA	X	У.	X	X	X	X	X	X	Х	X	Х	X	X	X	Х	X	X	X	X	X	X	X	Х	Х	X
Immunizations	X	X	X	X	X	X	X	X	Х	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Х	X
	X	X	X	X	X	X	Х	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	Х	Х	X	X	X	X	X	X	X	X	X	Х	X	X	X	X	X	X	X	X
Near and Distant	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Х	X	X	X	X	Х	X
Visual Acuity								14					ar englisje ma										<u></u> .		- 37
Distant Stereopsis	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X_	X	X	X
Electrocardiogram			X			X			X		Î	X			X			X			X			X	
Cholesterol and HDL*			X			X			X			X			X			X			X		100	X	V
Dental ³	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Х	X	Х	X	X	X
3	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	. X	X	
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
			X			X			X			X			X			X			X		75.20	X	
	-		X	-	2.3	X		-	X	-		X	Nyd Lawringer		X	1000		X			X	No.		X	
		-	X	_	- 63	X		1	X			X			X			X			X			X	
	-	11 000	X	1000		X	e biji		X	_	rivari .	X	eday is	el Ve	X	2.753	ing :	X			X			X	
		-	X	-	_	X		+	X			X			X			X			X		150	X	Ī
	-	-	 			 	\vdash					X	2 24 3 COLO 1		X	11. 22	7757	X			X			Ж	
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	X	X	Y	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

- 1. For rated aircrew, boom operators, and rotary wing enlisted aircrew only.
- 2. Test includes total serum cholesterol and HDL cholesterol. Those who have a total cholesterol >200 and a HDL <35 should be referred to their private physician for follow-up.
- 3. Dental exams will be done per applicable RC Headquarters guidance.
- 4. Females considered at high risk should be referred to their personal medical provider for guidance on more frequent PAP, Mammogram or breast examinations (See Clinician's Handbook of Preventive Services, 2nd Ed.).
- 5. Individuals that have had a sigmoidoscopy or a rectal exam as part of another examination may submit the report instead of having an occult blood screen
- 6. Gas Mask Inserts may be ordered at any time when there is a change in prescription, as documented by the RC MDS or individual's private vision care provider.
- provider.
 7. PHAM visit must be a flight surgeon.

NON-FLYER CLINICAL TESTING REQUIREMENTS

TESTING REQUIREMENT												AGE		X •									
ALQUIE MENT	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
AF form 895/RCHRA	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
immunizations	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ж	X	X	X	X	X	X	X	X
Blood Pressure'		X			X			X			X			X	18.		X			X			X
Height and Weight		X			X			X			X			X			X			X			X
Cholesterol and HDL							T .							X						X			
Dentai ³	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Glaucoma*															7.								X
Skin Exam for Cancer/Surgical Scars								Х						Х	A.					Х			Х
Breast Exam'		X			X			X			X			X			X			X	3		X
PAP'		X			X			X			X			X			X			X			X
Mammogram'																							X
HIV		X			X			X			X			X	17.		X			X			X
Gas Mask Inserts		X	 		X			X			X			X			X			X			X
PHAM Visit		X			X			X			X			X			X			X			X

Attachment

NON-FLYER CLINICAL TESTING REQUIREMENTS

LESTING																									
REQUIREMENT													AGE					- 60	- 60		1 (1	(2)	43	64	65
	41	42	43	44	45	46	47	48	• 49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	V/	
AF form 895/RCHRA	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Х	Х	X	X	X	X	X	X	X	<u> </u>	X
Immunizations	X	X	X	X	X	X	X	X	X	X	X	Х	X	X	X	X	X	X	X	X	X	X	Х	X	X
Blood Pressure			X			X			X			X			X			X			X			X	100
Height and Weight			X			X			X			X			X			X			X		1146	X	
Cholesterol and HDL			X			X			X			X			X			X			X	1119		X	L.
Dental'	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Х	X	X	X	X	X	X	X
Glaucoma'						X						X			X			X			X		11.14	X	100
Skin Exam for			X			X			X			X			X			X		1	X			X	
Cancer/Surgical Scars					1							١.										(15)			15.
Breast Exam			X		1	X			X			X			X			X			X			X	<u> </u>
PAP'			X			X			X			X			X			X			X			X	3.5
Mammogram'			X	1 1 1		X			X			X			X			X			X		700	X	
HIV			X			X			X			X			X			X			X			X	
Fecal Occult Blood®												X			X			X			X			X	
Gas Mask Inserts			X			X			X			X			X			X			X		107.1	X	
PHAM Visit			X			X			X			X			X			X			X			X	W.

1. BP testing may be done during the member's periodic dental examinations. Personnel on medication for hypertension must have annual BP check or submit documentation that BP is adequately controlled.

3. Dental exams will be done per applicable RC Headquarters guidance.

^{2.} Test includes total serum cholesterol and HDL cholesterol. Individuals who have a total cholesterol >200 or a HDL <35 should be referred to their private physician for follow-

^{4.} Consider referring African Americans or those with a family history of glaucoma to their personal vision care provider for advice on more frequent screening.

5. Females considered at high risk should be referred to their personal medical provider for guidance on more frequent PAP, Mammogram, or breast examinations (See Clinician's Handbook of Preventive Services, 2nd Ed.).

^{7.} Gas Mask Inserts may be ordered at any time when there is a change in prescription, as documented by the RC MDS or individual's private vision care provider.